HEALTH SAFETY NET

MassHealth

FAX Cover Sheet

Facility Information	Head of Household (HOH) Information
Facility Name: _____	**Name:** _____
Sender's Phone No: _____	**DOB:** _____
Sender's Name: _____	**Soc. Sec. No:** _____

Please include this cover sheet <u>when faxing or mailing</u> any documents to the MassHealth HSN Review Team.

FAX NUMBER

617-241-3793

Place a checkmark (✓) in the appropriate space(s) below identifying the attached verification(s).

_____ **HSN Eligibility Review Form**

_____ **Income**

_____ **Other (please specify)**

_____

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August 2008